



Convention on the Rights of Persons with Disabilities

Distr.: General
17 May 2017

Original: English

Committee on the Rights of Persons with Disabilities

Decision adopted by the Committee under article 2 of the Optional Protocol, concerning communication No. 27/2015*, **

<i>Communication submitted by:</i>	L.M.L.
<i>Alleged victim:</i>	The author
<i>State party:</i>	United Kingdom of Great Britain and Northern Ireland
<i>Date of communication:</i>	12 February 2015 (initial submission)
<i>Document references:</i>	Decision taken pursuant to rule 70 of the Committee's rules of procedure, transmitted to the State party on 9 March 2015 (not issued in document form)
<i>Date of adoption of decision:</i>	24 March 2017
<i>Subject matter:</i>	Access to health services
<i>Procedural issues:</i>	Exhaustion of domestic remedies; substantiation of claims
<i>Substantive issues:</i>	Right to health services; right to habilitation and rehabilitation services; equality and non-discrimination; right to life; equal recognition before the law; freedom from cruel, inhuman or degrading treatment; protecting the integrity of the person; inclusion and participation in the community; respect for home and family life; right to education; right to work and employment; right to participation in cultural life
<i>Articles of the Convention:</i>	5, 10, 12, 15, 17, 19, 23-27 and 30
<i>Article of the Optional Protocol:</i>	Article 2 (d) and (e)

1.1 The author of the communication is L.M.L., a national of the United Kingdom of Great Britain and Northern Ireland. She has suffered from a number of complex health

* Adopted by the Committee at its seventeenth session (20 March-12 April 2017).

** The following members of the Committee participated in the examination of the communication: Ahmad Al-Saif, Danlami Umaru Basharu, Monthian Buntan, Imed Eddine Chaker, Theresia Degener, Jun Ishikawa, Samuel Njuguna Kabue, Kim Hyung Shik, Stig Langvad, László Gábor Lovász, Robert George Martin, Martin Babu Mwesigwa, Carlos Alberto Parra Dussan, Coomaravel Pyaneandee, Valery Nikitich Rukhledev, Jonas Ruskus, Damjan Tatić and You Liang.



issues following a loss of cerebrospinal fluid during a discectomy procedure in 2007. The author claims that she is a victim of a violation by the State party of her rights under articles 5, 10, 12, 15, 17, 19, 23-27 and 30 of the Convention. The author asked the Committee to request the State party to release funds covering the medical costs of diagnostic testing, treatment and rehabilitation and any other medical service necessary. The Optional Protocol entered into force for the United Kingdom on 6 September 2009.

1.2 The communication was registered on 9 March 2015. The Committee, acting through its Special Rapporteur on communications, decided not to issue a request for interim measures under article 4 of the Optional Protocol to the Convention.

1.3 On 24 September 2015, the Special Rapporteur on communications, acting on behalf of the Committee, decided at the request of the State party and in accordance with rule 70, paragraph 8, of the Committee's rules of procedure that the admissibility of the communication should be examined separately from the merits.

A. Summary of the information and arguments submitted by the parties

The facts as submitted by the author

2.1 On 18 September 2007, the author underwent a L5/S1 discectomy procedure at a hospital in Wales under the treatment of a consultant spinal surgeon. She did not sign the consent form for the procedure until the morning of the surgery; she claims that the surgeon was running late and that consequently there was no time for an open dialogue to discuss the benefits and risks of the procedure in detail. During the procedure, the author's spinal cord membrane was ruptured, which led to a rare surgical complication in the form of a massive loss of cerebrospinal fluid and the subsequent development of a 8 cm by 4 cm tense pseudomeningocele. The treating spinal surgeon attempted a surgical repair of the spinal cord membrane, but his attempt failed as the closure was not watertight. The author also claims that on 25 September 2007, she was discharged from the hospital despite the fact that she was displaying symptoms of a further cerebrospinal fluid leak. The author contends that the rare surgical complication she suffered has left her with a disability that has devastated the quality of her life and left her in constant and debilitating pain and without access to specialist medical care.

2.2 On 18 October 2007, the author was transferred to the University Hospital of Wales, where her pseudomeningocele was surgically treated by a consultant neurosurgeon. A post-operative lumbar drain was inserted into the author's lumbar spine and 20 ml of cerebrospinal fluid was drained over seven days. The author was discharged from the hospital two weeks after the surgery; however her health continued to deteriorate. She claims that she was left without treatment after having been discharged.

2.3 Since the author was unable to obtain an appointment with a National Health Service consultant, she privately engaged the neurosurgeon who had treated her in October 2007. In December 2008, the consultant found a posterior pseudomeningocele 2.5 cm in size, which was believed to be the cause of the author's continued post-surgical deterioration. In March 2009, the author underwent a surgical intervention at the University Hospital of Wales. Prior to discharge, her neurosurgeon informed her that she had to wait two years to obtain a post-operative consultation, which the author claims far exceeded the maximum waiting time established by the National Health Service. Nevertheless, in May 2009, the author obtained a consultation with the same neurosurgeon. She notes that at that point the pain in her head, upper cervical spine, lumbosacral spine, legs and feet was unbearable. The neurosurgeon referred her to a University Hospital of Wales neurologist for diagnostic tests; however, the neurologist was unable to provide her with any medical explanations concerning her symptoms. The author claims that after having carried out only one diagnostic test, a lumbar spine scan, the neurologist stated that she was experiencing muscular tension and recommended physical therapy. After facing defensiveness, the author did not seek further medical care in Cardiff.

2.4 In September 2009, the author put forward a request to the Cardiff and Vale University Health Board to receive specialist medical care in London. The Board agreed to

fund an upright magnetic resonance imaging (MRI) scan in London, since such a scan was not available in Wales. In January 2010, the author met with a neurologist in London, who recommended an additional MRI scan using fast imaging employing steady-state acquisition sequencing for cerebrospinal fluid leak detection, as well as further diagnostic tests. The Board refused to fund further diagnostic testing and rejected the author's request for specialist National Health Service care in London. It was only after the author and her family appealed to their local Member of Parliament that the Board, in April 2010, gave permission for further tests in London. The author was nonetheless placed on a National Health Service waiting list for seven months. The author claims that consequently her access to post-surgical treatment was delayed by the Board.

2.5 In July 2010, the author's general practitioner noted that the author's health was deteriorating and that she was suffering from nystagmus. On 20 July 2010, an urgent private appointment was made with a neurologist at the National Hospital for Neurology and Neurosurgery, who recommended that the author be admitted to the hospital for further diagnostic tests. However, on 6 August 2010, the Cardiff and Vale University Health Board refused to fund any further private or National Health Service inpatient or outpatient medical care at the National Hospital. The author's mother contacted the Board regarding the decision and was advised that the author could make an application to the individual request for treatment panel for the authorization of funding for private medical care at the National Hospital in London. The author made such a request, which was rejected by the panel on 14 September 2010, as the panel noted that it had received reassurance from the author's general practitioner that the author's health was not deteriorating. The author contacted her general practitioner regarding this information and the general practitioner in turn informed her that he had not provided any such reassurance to the panel. The author contacted the panel, which, on 30 September 2010, granted the author two private inpatient admissions to the National Hospital. The author claims that at that point the Board had delayed her treatment by 14 months, despite her deteriorating health and the severe pain she was suffering.

2.6 The author was admitted to the National Hospital for Neurology and Neurosurgery on 1 November 2010 under the care of a neurologist. The author claims that she was initially diagnosed with medication overuse headache, despite the fact that she took very little medication. The author further claims that her medical history was overlooked and that a previous diagnosis of arachnoiditis¹ was denied. An intracranial pressure bolt was inserted into the author's skull to monitor cerebrospinal fluid pressure, which revealed an abnormally low intracranial pressure with high cerebrospinal fluid pulsations. The author claims these results were not fully understood by the treating neurosurgeon and neurologist. An epidural blood patch test was administered, as a small cerebrospinal fluid leak had been identified. The author claims that she was discharged from the National Hospital without a definitive diagnosis and no relief for her symptoms, which included seizure-like tremors and incapacitating head and upper cervical spine pain. The author was also scheduled to undergo a lumbar infusion study, but had to wait until January 2012 for testing equipment to arrive from Sweden. She claims that for the whole year of 2011 she was left without a treating consultant while suffering from severe pain. The Cardiff and Vale University Health Board refused to grant additional admission to the National Hospital during 2011 as it had limited the number of consultations to a maximum of two, although the author's health was deteriorating.

2.7 On 4 January 2012, the author was again admitted to the National Hospital for Neurology and Neurosurgery for her second private admission and underwent the lumbar infusion study to monitor cerebrospinal fluid pressure, outflow resistance and cerebrospinal fluid production rates. The testing significantly increased the author's brain and upper cervical spine pain, resulting in the test being abandoned after four hours, although it was initially intended to run for four to five days. No medical explanation for the pain was given and the author was discharged on 14 February 2012, without a clear diagnosis and without

¹ The author indicates that arachnoiditis is a chronic inflammatory reaction of the arachnoid matter, which is one of the three membranes that protect the brain and spinal cord.

a treatment plan. Consequently, the author was compelled to seek medical care abroad, as she felt she had been denied a definitive diagnosis and treatment in the State party.

2.8 In February 2012, the author travelled to the United States of America in order to consult with a specialist on arachnoiditis, who diagnosed her with extensive adhesive arachnoiditis of the lumbar spine. The author contends that, in the opinion of the expert, the attempts made to discover the origins of her pain and complex symptoms in the United Kingdom had been “futile”. The specialist also observed that the upper portion of the author’s parietal lobe was damaged and that a small portion of it was missing. The author claims that this was caused by the insertion and removal of the intracranial pressure bolt in 2010 at the National Hospital for Neurology and Neurosurgery in London and that this brain injury had not been disclosed to her while she was a patient there. In March 2012, the author also met with a cerebrospinal fluid specialist in the United States, who diagnosed her with high cerebrospinal fluid pressure, in contradiction with the results from the hospital in London, which the expert considered to be unreliable, and prescribed medication to the author in order to reduce the pressure.

2.9 Due to financial constraints, the author and her family had to return to the United Kingdom and attempt to resume her treatment there. However, attempts to obtain a definitive diagnosis or a treatment were in vain, and the author had to travel to Germany in September 2012 to obtain treatment there from a specialist in lumbar subarachnoid endoscopy. On 25 September 2012, the author applied to the Cardiff and Vale University Health Board individual patient funding request panel for European Economic Area S2 funding to cover the treatment costs in Germany. On 1 October 2012, the author and her family met with the specialist in Germany for a consultation. The specialist was able to provide the author with a partial diagnosis identifying ubiquitous leptomeningitis, including arachnoiditis and aseptic meningitis, and also secondary tethered spinal cord syndrome. The existence of a substantial and continuous widening of the subarachnoid space due to an abnormally high cerebrospinal fluid pressure was also noted. The specialist indicated that the author was in need of three complex spinal procedures over a three-week period, which included the removal of internal lumbar fixators, endoscopic verification and a release of the tethered spinal cord as well as the reduction of cerebral spinal fluid pressure. The three spinal procedures were carried out in Germany; however, the specialist was unable to offer the author a full diagnosis and treatment for her upper cervical spine and head pain symptoms.

2.10 On 15 January 2013, the author’s S2 application was rejected by the individual patient funding request panel, which argued that approval for funding had not been sought from the panel prior to the beginning of treatment in Germany. On 20 February 2013, the author requested the panel to review its decision; nevertheless, in March 2013, the author’s review request was dismissed.

2.11 On 17 June 2013, the author lodged a request for judicial review of the decision of the individual patient funding request panel before the Cardiff High Court. The request for judicial review was granted. However, on 19 December 2013, the High Court dismissed the author’s claim, finding that the panel decision was not unlawful.

2.12 On 18 July 2013, the author lodged a separate complaint before the Cardiff County Court claiming clinical negligence due to complications suffered after the 2007 surgery. In the proceedings before the County Court, the author commissioned a medico-legal report. It was noted in the report submitted to the author that the author seemed to have suffered a well-recognized complication of surgery and that no breach of care could be found, that some of her symptoms were typical of non-organic findings, and that there were psychological issues in the case that were of particular importance. The author contested the report, pointing out evidence from her consultations abroad and to what she saw as multiple errors in interpreting her medical reports. The author considers that the medico-legal expert’s opinion was inaccurate. On 14 October 2013, her application to stay the proceedings indefinitely was dismissed and on 5 March 2014, her claim was struck out on the ground that she had failed to submit any medical evidence of clinical negligence as ordered by the court. The author claims that it was impossible for her to provide expert evidence in support of the allegations of negligence as she had not received a definitive diagnosis of her continued and deteriorating ill health. She further argues that she was

entitled to a post-surgical diagnosis and medical treatment before submitting evidence for her claim.

2.13 In July 2013, the author reported the situation to the General Medical Council, submitting that several consultants who had treated her in the period 2007-2012 had been negligent in their care. The Council found that the consultants in reference had not been negligent.

2.14 In 2013 and 2014 the author continued to have incapacitating upper cervical spine and head pain, causing her to be in full-time need of a wheelchair. She attempted to seek treatment in the United Kingdom for her condition, but no treatment was available. In September 2014, the author underwent a brain and spine scan at the National Magnetic Resonance Research Center in Ankara, which revealed cerebrospinal fluid hydrodynamics dysfunction. In November 2014, the author consulted with a professor and neurosurgeon in the United States; the professor noted that the author suffered from several cerebrospinal fluid hydrodynamic related disorders, including Tarlov cysts at every level of the spinal canal, a large pseudomeningocele in the lumbosacral spine, pseudotumor cerebri and weakening of the meningeal connective tissue interaction between nerves, the nerve roots and the arachnoid of the exiting neural foramina. The professor advised that initial diagnostic testing should include a contrast-enhanced venogram to monitor stenosis of the dural venous sinuses, and spine and brain intracranial pressure monitoring in order to assess the cerebrospinal fluid hydrodynamic system.

2.15 At the time of the submission of her communication to the Committee, it had taken the author seven years to find a consultant able to address her medical condition. She claims that she has been unable to obtain adequate medical care or a definite diagnosis in the State party. She requests the Committee to order 19 remedies from the State party, which include: to take immediate action in granting the author the medical funds needed to access an international specialist neurosurgeon of her choice; to ensure that funds needed to cover ongoing treatment and rehabilitation costs are secured for the future; to enforce accountability for negligent practices within the health-care setting; to make the reporting of iatrogenic illness mandatory; to ensure that the State party advances the art and science of clinical research and training within the field of cerebrospinal fluid hydrodynamics and its associated rare disorders; to advance professional and public awareness and education of the aetiology, treatment, prognosis and management of cerebrospinal fluid hydrodynamics disorders; to advance professional and public awareness and education of the aetiology, treatment, prognosis and management of arachnoiditis; to promote treatment for acute phase arachnoiditis to control neuropathic pain; to ensure that National Health Service organizations are both neutral and ethical in their decision-making process; to ensure that the State party reforms the General Medical Council, abolishes self-regulation and introduces regular assessments of the competence of medical professionals; to ensure that patients receive comprehensive information prior to providing their informed consent to undergo invasive spinal procedures, including the possibility of developing arachnoiditis and a cerebrospinal fluid hydrodynamics disturbance; and to ensure a review of the role and efficacy of the State party's medico-legal expert witnesses.

The complaint

3.1 The author claims that her rights under article 5 of the Convention have been violated by the State party. She claims that she has not received equal protection and equal benefit of the law and that she has been subjected to continuous discrimination for seven years. She claims that her needs as a disabled person with multiple rare neurological disorders have not been met and that she has continuously faced hostility and insurmountable obstacles in her efforts to obtain treatment. She argues that she has systematically been denied medical consultants by the authorities of the State party, and that she has therefore been subjected to discrimination. The author further claims that she was denied post-operative care and specialist medical treatment following a rare surgical complication that caused multiple rare disorders, all of which resulted in her being left with complex neurological symptoms that remain untreated. The author also argues that it is discriminatory to force her to seek medical care abroad while she is seriously ill and without funds.

3.2 The author further claims that since 2007 she has been deprived of a life and of effective participation and inclusion in society due to her post-surgical illness, in breach of her rights under article 10 of the Convention.

3.3 The author also claims that her rights under article 12 of the Convention have been violated as the court system failed to acknowledge the serious concerns that she had raised in relation to her clinical negligence claim before the County Court in 2013. She claims that it was impossible for her to provide expert evidence in support of her claims before the Court as she had not received a definitive diagnosis of her medical condition. She further argues that the medico-legal reports prepared for the hearing before the Court were not based on medical facts. In relation to her request for judicial review before the Cardiff High Court, the author also claims that the High Court failed to ensure that her right to exercise legal capacity was safeguarded. She claims that the High Court failed to recognize that she was a disabled person who had acquired secondary disabilities that developed into multiple rare disorders and that the treatment she had received in Germany in 2012 was the only effective treatment available. The author further claims that the General Medical Council is not an independent and impartial authority and that it does not fulfil its statutory duty of ensuring that proper standards of medical practice, knowledge and skills are maintained.

3.4 The author submits that her rights under article 15 of the Convention have been violated, as she claims that she has been “continuously punished” for an act of medical negligence. She states that the intensity and duration of the physical pain that she has suffered following a massive loss of cerebrospinal fluid and the development of a pseudomeningocele has subjected her to ill-treatment and torture in the health-care setting. She alleges that such acts have been defended by the State party authorities and amount to cruel, degrading and inhuman treatment, which has caused an unnecessary deterioration of her health and intensified her physical pain and suffering.

3.5 The author also claims that her rights under article 17 of the Convention have been infringed as the State party authorities were informed about the severity of her post-surgical suffering and did not take all reasonable steps necessary to protect her physical and mental integrity.

3.6 The author also claims a violation of her rights under article 19 of the Convention, alleging that she has been deprived of the right to live independently and in society as her disability has had a serious impact on her quality of life.

3.7 The author further claims a violation of her rights under article 23 of the Convention, noting that her mother has had to give up her profession as a qualified teacher in order to care for the author full-time. She notes that her family’s finances have been exhausted on financing private consultations for her in the State party and abroad and that they now have no further funds to support the medical treatment that she still urgently needs.

3.8 The author claims a violation of her rights under article 24 of the Convention, as she had to give up her post-graduate studies at the University of Oxford due to the illness she has suffered as a consequence of the surgery in 2007 and as she has been unable to resume her studies owing to her disability.

3.9 The author also claims that her right to health care under article 25 of the Convention has been violated, as she has not been able to access the specialist health services needed for early identification and intervention of her post-surgical illness. She notes that this has led to the onset of serious medical conditions and rare neurological disorders. She claims that her health has deteriorated since 2007 and that no ongoing management plan and specialist referral has been offered by the State party. She claims that the neuroscientific community in the State party has failed to keep up to date with breakthroughs in global research and has also failed to integrate international services in treatment in order to ensure a health-care service of a high standard and quality.

3.10 The author finally claims a violation of her rights under article 26, as she has not obtained a definitive diagnosis in the State party and therefore is unable to access rehabilitation, and under articles 27 and 30, as her deteriorating health has prevented her from obtaining employment and from enjoying cultural life.

State party's observations on admissibility

4.1 On 11 May 2015, the State party submitted observations on the admissibility of the communication. It considers that the communication should be declared inadmissible under article 2 (e) of the Optional Protocol, for being manifestly ill-founded or not sufficiently substantiated, and under article 2 (d) of the Optional Protocol, for failure to exhaust domestic remedies.

4.2 The State party does not contest that the author suffers from a disability within the meaning of the Convention. However, the State party notes that the author's communication revolves around claims that she has experienced negligence or inadequate medical treatment in the United Kingdom and undue delay in receiving treatment, and that she has been denied funding for further treatment abroad. The State party argues that at the heart of the communication are disagreements between the author and medical professionals and the relevant authorities involved as to whether the author's symptoms have been properly diagnosed and appropriate tests or treatment provided. The State party further argues that the author has not properly engaged the articles cited and has not provided any evidence in her submission before the Committee indicating that she has been treated in any way differently because of her disability or that her access to medical treatment or to funding for medical treatment or to legal remedies has been denied or restricted because of her disability. The State party therefore considers that the substance of the communication does not engage the rights protected by the Convention and that it is therefore manifestly ill-founded.

4.3 The State party argues that it is evident from the communication that the author's condition is difficult to diagnose and treat and notes that she has seen many specialists and that there has been considerable disagreement and uncertainty among them as to the nature of the author's condition. The State party further argues that it is clear from the author's communication that she has received extensive treatment under the National Health Service and that there is no evidence that she has been denied access to health care, but rather that she is dissatisfied with the nature and the extent of the treatment offered. The State party further argues that the author has not provided any evidence to indicate that she has suffered any form of disability-based discrimination in terms of her access to medical treatment. The State party argues that if the National Health Service has been unable to give a definite diagnosis or find a treatment for the author to her satisfaction, this is not the same thing as a failure to accommodate or recognize her disability or to provide health care in that regard on an equal basis with others. The State party further notes that the author has not claimed that she is unable to continue to avail herself of the National Health Service services, or apply for funding by way of an individual patient funding request, but rather has chosen not to do so.

4.4 The State party further argues that the communication relates to the assessment of facts and evidence and that the Committee lacks the competence to determine whether the tests, diagnoses and treatments given to the author were appropriate or to determine what kind of treatment might be appropriate, especially as the communication concerns a condition requiring specialist medical consideration.

4.5 The State party also notes that the author is requesting it to provide funding for a global consultant of her choice. The State party refers to the European Court of Human Rights decision in *Sentges v. the Netherlands*² and argues that regard must be had to the fair balance that has to be struck between the competing interests of the individual and of the community as a whole. The State party submits that in this context due regard must be taken to the allocation of limited State resources.

4.6 The State party further submits that the author has failed to exhaust domestic remedies. It notes that the author is seeking funding for specific treatment abroad after having consulted a specialist in the United States in 2014. The State party argues that it does not appear that the author has taken any steps to assess whether the treatment she is seeking is available in the United Kingdom on the National Health Service or, if it is not, sought funding to access it abroad. The State party notes that individual patient funding

² Application No. 27677/02, decision of inadmissibility adopted on 8 July 2003.

requests are specifically intended for exceptional cases and to weigh up difficult considerations in deciding whether to fund treatment not available on the National Health Service. The State party further notes that the process is subject to appeal and judicial review.

4.7 The State party also argues that should the Committee find that the author's claims are related to discrimination based on disability, rather than health care as it affects all State party citizens, then domestic remedies have not been exhausted, as the author has failed to file a claim under the State party's Equality Act of 2010, which specifically prohibits discrimination by public bodies on the basis of disability, or under the Human Rights Act of 1998.

4.8 The State party further notes that, as to the author's complaints to the General Medical Council, those proceedings were still pending at the time of the State party's submission of its observations on the admissibility of the communication.

Author's comments on the State party's submission

5.1 On 23 August 2015, the author submitted her comments on the State party's observations. The author challenges the State party's observation that her communication is manifestly ill-founded or not sufficiently substantiated. She maintains that she has provided reliable evidence that the State party has continuously violated her human rights and access to specialist medical care. She contests the State party's argument that her condition is difficult to diagnose and treat, as her efforts to obtain a diagnosis have been successful when she has reached out to specialist consultants outside the State party. She further challenges the State party's observation that she has received extensive treatment under the National Health Service and notes that despite undergoing two surgical procedures to repair the damage to the spinal cord membranes, she has not recovered neurologically and her health has continued to deteriorate. In addition, she claims that her post-surgical head and upper cervical spine symptoms have not been understood by consultants in the State party and that no further diagnostic testing or treatment was offered after conventional diagnostic testing failed and that she consequently has been abandoned and isolated in her illness while her health has continued to deteriorate.

5.2 Concerning the State party's observation that it is not the Committee's role to replace the domestic authorities in the assessment of the facts, the author asserts that she requires the Committee's assistance, as the State party has violated her right to receive relevant information about her medical condition and has denied her legal redress and support.

5.3 The author maintains that she has exhausted all available domestic remedies. She argues that applying for funding by way of an individual patient funding request is not an effective remedy, as the panel would simply find that conditions for funding are not met. She notes that she is willing to make such an application if it is considered necessary in order to exhaust domestic remedies. However, she argues that even in the unlikely event that such an application were to be approved, it would still place an undue financial burden on her and her family as, in most circumstances, travel and accommodation costs are not reimbursed under this mechanism. Furthermore, she notes that the only time she has successfully used the individual patient funding request procedure, when she applied for funding in order to access private health-care in London, the process took 14 months of stifling bureaucracy before the request was approved and that, consequently, if she were required to submit another individual patient funding request application her waiting time for a definitive diagnosis and treatment would be further extended, exceeding an acceptable period of time. The author states that she did not consult health-care providers in the State party after November 2014, as when she was actively seeking specialist medical care there, the consultants she visited failed to identify and diagnose her post-surgical illness and prevent it from worsening and developing into multiple rare neurological diseases. The author asserts that she did not bring a claim under the 1998 Human Rights Act because, after seeking legal advice from an advocacy group, she was informed, on 22 August 2013, that there was no right to medical treatment under the Act. The author also notes that the General Medical Council reached a final decision on 21 May 2015 regarding her complaints against her treating consultants in the State party. The Council concluded that

none of the decisions of the doctors referred to in the author's complaint revealed any material flaw.

B. Committee's consideration of admissibility

6.1 Before considering any claims contained in a communication, the Committee must decide, in accordance with article 2 of the Optional Protocol and rule 65 of the Committee's rules of procedure, whether the communication is admissible under the Optional Protocol.

6.2 The Committee has ascertained, as required under article 2 (c) of the Optional Protocol, that the same matter has not already been examined by the Committee or has been or is being examined under another procedure of international investigation or settlement.

6.3 The Committee takes note of the State party's argument that the complaint should be declared inadmissible under article 2 (e) of the Optional Protocol, for being manifestly ill-founded or not sufficiently substantiated, as the author has not provided any evidence to indicate that she has been denied access to health care or legal redress on an equal basis with others. The Committee further takes note of the author's argument that she has provided reliable evidence that the State party has violated her right to access specialist medical care and denied her legal redress and support. The Committee considers that the allegations raised by the author relate essentially to the evaluation of facts and evidence, in relation to the medical examination carried out and the treatment provided to the author in the State party. The Committee observes that it is not a final instance competent to re-evaluate findings of fact or the application of domestic legislation, unless it can be ascertained that the proceedings before the domestic courts were arbitrary or amounted to a denial of justice.³ In the present case, the Committee considers that the author has failed to substantiate, for purposes of admissibility, that the conduct of State party authorities amounted to arbitrariness or a denial of justice. Accordingly, these claims are inadmissible under article 2 of the Optional Protocol.

6.4 Having thus concluded, the Committee will not examine separately the State party's inadmissibility ground under article 2 (d) of the Optional Protocol.

C. Conclusion

7. The Committee therefore decides:

- (a) That the communication is inadmissible under article 2 (e) of the Optional Protocol;
- (b) That the present decision shall be communicated to the State party and to the author.

³ See, for example, Human Rights Committee, communications No. 541/1993, *Simms v. Jamaica*, decision of inadmissibility adopted on 3 April 1995, para. 6.2; No. 1138/2002, *Arenz et al. v. Germany*, decision of inadmissibility adopted on 24 March 2004, para. 8.6; No. 917/2000, *Arutyunyan v. Uzbekistan*, Views adopted on 29 March 2004, para. 5.7; and No. 1528/2006, *Fernández Murcia v. Spain*, decision of inadmissibility adopted on 1 April 2008, para. 4.3.